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Atty Docket No. 16222U-015900US

PTO FAX NO.: 1-703-872-9306

ATTENTION: Examiner Daniel St. Cyr

Group Art Unit 2876

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Daniel St. Cyr

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Corinne Bortolin, Loc Nguyen, Application No. 10/654,663, filed September 3, 2003 for METHOD, SYSTEM AND PORTABLE CONSUMER DEVICE USING WILDCARD VALUES are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal *1 page*
2. Petition for a 1-month extension of time *1 page*
3. Amendment *14 pages*

Number of pages being transmitted, including this page:

17 pages

Dated: April 14, 2005


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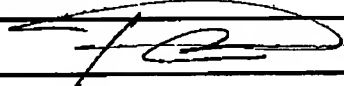
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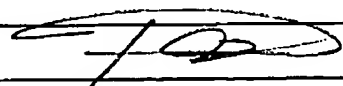
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PTO/SB/21 (08-04)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/654,663
	Filing Date	September 3, 2003
	First Named Inventor	Bortolin, Corinne
	Art Unit	2876
	Examiner Name	Daniel St. Cyr
Total Number of Pages in This Submission	Attorney Docket Number	16222U-015900US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		
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Firm Name	Townsend and Townsend and Crew LLP	
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